



Statement of Organization CANDIDATE COMMITTEE

Commonwealth of Virginia CITY OF ALEXANDRIA

OCT 15 2013

*Please read instructions before completing this form.

VOTER REGISTRATION

		Type of Statement		A Description			
X NEW		□ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect	SBE-issued Commi	ttee ID			
	CC-13-00512			Approximate a real property and the second s			
	C	Committee Information					
	Republicans Friends of Eugene J. Koprowski for Virginia House of Delegates, 45th						
	Name of Candidate Campai	ign Committee					
	P.O. Box 10028						
G	Street Address/PO Box		Suite #				
Committee Information	Chicago		IL	60610			
	City		State	Zip Code			
	publishing01@aol.com		312-576-1043				
	Email Address		Daytime Phone #				
	Campaign Website						
	Candidate Information						
	Mr. Koprowski	Eugene	John				
	Salutation Last Name	First Name	Middle Name	Suffix			
	661 S Washington ST						
	Residence Address		Apt #				
Candidate	Alexandria		VA	22314-410			
Information	City		State	Zip Code			
	ALEXANDRIA CITY		810017885				
	County or City of Residence		Voter Identification #				
	publishing01@aol.com		703-637-9245				
	Email Address	4 .	Daytime Phone #				
	By checking this box, I certify that I am currently registered to vote at the address above.						
		Election Information					
Election Information	Member House Of Delega	s House Of Delegates - 45th District					
	Office Sought	District (if o	District (if one)				
	Write-In	2013	⊠ November □May	☐Special			
	Political Party	Year of Election	Type of Electi	on			



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		Trea	surer Information				
	Mr. K	oprowski	Eugene	John			
	Salutation La	ist Name	First Name	Middle	Name Suffix		
	661 S Washi	ngton ST					
	Residence Addi	ress		Apt #			
Treasurer	Alexandria			VA	22314-410		
Information	City			State	Zip Code		
	ALEXANDRI	A CITY		810017885			
	County or City	of Residence	f Residence Voter Identification #				
	publishing01	hing01@aol.com 703-637-9					
	Email Address	(7/10/		Daytime Phone #			
	☑ By checking this box, I certify that I am currently registered to vote at the address above.						
			paign Depository				
Bank of Americ	ca						
Name of Primary Financial Institution			Name of Other	Financial Institution (if :	applicable)		
Alexandria VA							
City		State	City		State		
		Con	amittee Activity				
Dates of Activity	Date first Date first Date cam Date filin Date Stat	the following dates, contribution accept expenditure made: paign depository degree paid for party ement of Qualification current appointed:	ed: 10/ signated: 10/ nomination: U	et occurred for this com 11/2013 11/2013 11/2013 11/2013	nmittee, write "N/A")		

(continued on next page)



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	Filing Method				
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:				
	☑ File electronically using SBE's Electronic Filing Application.				
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	File paper reports. 10 - 11 - 13 Signature Date				
	Signatures				
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature Date				
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer's Signature Date				